

DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES



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January 11, 2007

Nancy Filbin, Chair  
Board of Directors  
Reach Inc.  
322 Gallatin Park Drive  
Bozeman, MT 59715

Dear Ms. Filbin,

Following is the Final Report of a Quality Assurance Review for Reach Inc. for the time period 1/1/05 – 12/31/06. There were no open findings and there are no plans of correction needed.

Please convey to the staff and management of Reach Inc. my thanks for their very helpful and professional assistance with this review. Reach Inc. continues to provide exemplary service to individuals with disabilities.

Sincerely;

*Brad Johnson*

Brad Johnson, M.S.  
Quality Improvement Specialist

cc: Robert J. Tallon, Executive Director, Reach Inc.  
Larry Lovelace, Region IV Manager, DDP  
Tim Plaska, Community Services Bureau Chief, DDP  
John Zeek, Quality Assurance Specialist, DDP  
Perry Jones, Medicaid Waiver Specialist, DDP

## QUALITY ASSURANCE REVIEW – FINAL REPORT

REACH Inc.

1/1/05 – 12/31/06

### General Areas

#### A. Administrative

##### 1. Significant Events From the Agency

- Ground was broken this spring for the new Work Center and it is now completed. It is a significant achievement on the part of Reach Inc. to obtain this facility and it will be a great resource for the community for many years to come.
- Reach continues to have a great rate of supported employment placement in the community with roughly 90% of the folks served, on average, having some sort of outside work placement.
- Reach provided over 40,000 rides in 2005.
- The 2006 TREK to the Big Sky raised over \$20,000, the largest to date.
- Reach Inc. received an American Red Cross Hero Award for serving folks with disabilities in the community.

##### 2. Policies and Administrative (DDP) Directives

Reach Inc. has continued its tradition of maintaining an excellent set of policies or governance of its organization. There is an organized and systematic policy review process in place. Reach management staff request updated DDP policy information to keep the corporation policies up-to-date.

##### 3. Licensing

Cedarview, Willow, Valley Creek and N. 3<sup>rd</sup> Group Homes were licensed through 5/30/06. There were no deficiencies noted for any of the residences during the licensing review.

##### 4. Accreditation

Reach Inc. contracted with a consultant for an internal review, similar to an accreditation review. This was conducted on 5/16-19/06. The report contained many praises and helpful suggestions.

##### 5. Agency Internal Communication Systems

All staff have been assigned a voice mail box and written communications are transported to and from residences via the client transportation system.

##### 6. Fiscal

A desk review of Reach's annual fiscal audit by Steve Tucek for FY '05 ending June 30, 2005 found the audit report acceptable and the opinion on the financial statements was unqualified.

##### 7. Appendix I

There were no special items listed in Appendix I for Reach Inc.

## Specific Services Reviewed

### A. Residential

1. Accomplishments  
See above.
2. Programmatic Deficiencies  
None noted.
3. Corrections to Deficiencies  
None Needed

### 4. Health and Safety

#### i. Vehicles

Reach Inc. has a regular vehicle maintenance inspection and service plan. There is a driver's training curriculum that each staff person must complete. Staff indicate that there is very good follow-up with repairs and maintenance of vehicles.

#### ii. Consumers

Consumers (for those whom it is appropriate) are offered training (per their Individual Plan) in safety skills such as calling 911 and recognizing emergencies.

#### iii. Medication Safety

Reach Inc. has a comprehensive medication safety program in place. There are detailed policies and procedures in place and functioning. All med errors are reviewed by the immediate supervisor, the responsible client services director and the corporation safety committee as well as the Incident Management Committee.

#### iv. Sites

A site review of the Cedarview Group Home (intensive) was conducted on 8/3/06. Everything appeared to be in good order and exceptionally clean. The medications logbook was exceptional with detailed instructions and photos of the various medications. The water temperature was 115°. Three unannounced visits were made to this residence. The IP review for the individual selected from this residence showed that all objectives were up-to-date and there were no omissions or other issues with the IP plan.

A site review of the N. 3<sup>rd</sup> Group Home (intensive) was conducted on 8/1/06. There were no hazards noted, the home was very clean and in good repair. The water temperature was 110°. Four unannounced visits were made to this residence. The IP review for the individual selected from this residence showed that all objectives were up-to-date and there were no omissions or other issues with the IP plan. There was lots of good information in the client file about staff/client interactions, what works and what doesn't.

A site review of one supported living apartment (not owned by the corporation and done with the resident's permission) was conducted on 9/13/06. The safety checklist was complete. The water temperature tested at 120°. There were no hazards noted, apartment were maintained and clean. The individual receiving the services had no complaints, when asked, about his services or his living situation. A review of his current IP plan showed that all objectives were up-to-date and there no omissions or other issues with the plan.

A site review of the N. Tracy Apts. (corporation-owned) was conducted on 7/19/06. No hazards noted. Water temperatures in the various apartments ranged from 118° to 120°. Several minor maintenance items were noted and referred to staff. Two unannounced visits were made to this residence. The IP review for the individual selected from this residence showed that all objectives were up-to-date and there were no omissions or other issues with the IP plan.

A site review of the S. 15<sup>th</sup> Apts. (corporation-owned) was conducted on 7/17/06. This facility is aging but in good repair. Corporation is working towards replacing it. One minor maintenance item was noted and referred to staff. It was very nice to see that the heater vents have been kept free of clutter. The water temperature for the various apartments ranged from 110° to 115°. Four unannounced visits were made to this residence. The IP review for the individual selected from this residence showed that all objectives were up-to-date and there were no omissions or other issues with the IP plan.

A site review of the Willow Townhouse (standard group home) was conducted on 8/8/06. The facility was very clean with only one minor maintenance item that was referred to staff. The water temperatures were 112° and 108° respectively. Three unannounced visits were made to this residence. The IP review for the individual selected from this residence showed that all objectives were up-to-date and there were no omissions or other issues with the IP plan.

A site review of the Valley Creek Townhouse (standard group home) was conducted on 7/27/06. The facility was very clean and the minor maintenance items were referred to staff. The water temperatures were 100° and 120° respectively. Three unannounced visits were made to this residence. The IP review for the individual selected from this residence showed that all objectives were up-to-date and there were no omissions or other issues with the IP plan.

5. Service Planning and Delivery
  - i. Individual Planning

A review of the annual IPs for the folks targeted for this review showed that all requirements were met. There did not appear to be unmet needs for the individuals reviewed.

- ii. Leisure / Recreation  
There is significant documentation of leisure / recreation activities taking place in all service areas.
- iii. Client Rights  
Prior to each IP meeting rights are reviewed with each consumer.
- iv. Medical / Health Care  
There is significant documentation via IP documents and medical logs that there is systematic attention given to health issues and the procurement of medical care. Medicaid reimbursement and locating Medicaid medical providers has been an increasing issue. No unmet medical needs were noted in the IP record.
- v. Emotionally Responsible Care giving  
Reach management and staff embrace the precepts of emotionally responsible care giving. This is apparent in the types of training provided, policies and procedures, and observing staff interactions with consumers.
- vi. Consumer Surveys  
No issues were noted in the review of consumer satisfaction surveys conducted by case managers of those folks targeted in this review.
- vii. Agency Consumer Satisfaction Surveys  
Reach Inc. conducts its own consumer satisfaction surveys and reports on them in their corporation annual report.

## 6. Staffing

- i. Screening / Hiring  
Reach Inc. has significant procedures in place for assuring the acquisition of quality staff. A review of the background checks for five recent hires was satisfactory. Three different background checks are conducted on each individual.
- ii. Orientation / Training  
There is a comprehensive checklist in place for orientation training for new staff. There are also site-specific orientation lists and these are excellent. Training in many areas is ongoing for all staff. Staff are enrolled in DDCPT or CBT as needed. Mandt, First Aid and CPR are provided in-house. There is now a training contract that is signed by the staff person committing them to training and certifications. The staff development specialist was certified as a Mandt this year and will be conducting all Mandt classes internally now.
- iii. Staffing Ratios

There were no issues noted with staffing ratios during the time period of this report. Unannounced visits were conducted on a random basis by this reviewer.

iv. Staff Surveys

Five staff surveys were conducted with residential staff at N.3<sup>rd</sup>, Tracy, Willow, Valley Creek and Cedarview. Length of employment varied from six months to 1 ½ years. All did fairly well with the survey questions and it was readily apparent that the staff had received good training. It was apparent to this reviewer that staff struggled more this time with answers to questions about abuse/neglect reporting. They met the minimum for the survey but the answers were not as fluent as in the past.

7. Incident Management

i. APS

DDP has one record of an APS referral regarding Reach staff. This incident occurred in late December of '05. Reach Inc. was found to be negligent in the supervision of an individual receiving supported living services. No one staff person was singled out in this investigation but several recommendations were made by the APS worker for changes in procedures for supervision. These changes were incorporated into Reach policies and procedures and were accepted by the local DDP QIS on 6/20/06.

ii. Incident Reporting

Reach Inc. has fully implemented the new Incident Management Policy and is using the electronic version of reporting monthly trend summaries.

**B. Work / Day/ Community Employment**

1. Accomplishments

Reach continues to have a very high community vocational placement rate which was at 90% on average.

2. Programmatic Deficiencies

None noted

3. Corrections to Deficiencies

None needed

4. Health and Safety

i. Vehicles

See above

ii. Consumers

iii. Medication Safety

See above

iv. Sites

The Work Activity Center is visited by this reviewer on a very regular basis. A thorough visit was conducted on 7/20/06. No hazards or concerns that warranted a QAOS were noted during the time period. Considerable effort is exerted by staff to keep work areas clean and in good repair. The Work Center was replaced by a completely new and expanded facility at the end of September.

5. Service Planning and Delivery

i. Individual Planning

A review of the annual IP document for the person selected for this review receiving only vocational services showed that all requirements were met. There were no apparent issues with the IP document.

ii. Leisure / Recreation  
Not applicable

iii. Client Rights  
See above

iv. Medical / Health Care  
See above

v. Emotionally Responsible Care Giving  
See above.

vi. Consumer Surveys  
See above.

vii. Agency Consumer Satisfaction Surveys  
See above

6. Staffing

i. Screening / Hiring  
See above

ii. Orientation / Training  
See above

iii. Staffing Ratios  
With monthly checks, while required, staffing ratios met contract requirements for each month of the period.

iv. Staff Surveys  
A staff survey was conducted with one staff person from the Work Activity Center. She had been employed with the agency about a year and did very well with the questions on the survey.

7. Incident Management

i. APS  
DDP has no records of any APS referrals regarding work services staff for the time period.

- ii. Incident Reporting  
See above. No trends were noted for the time period.

**C. Community Supports**

- 1. Accomplishments  
See above.
- 2. Programmatic Deficiencies  
None noted
- 3. Corrections to Deficiencies  
None needed
- 4. Health and Safety
  - i. Vehicles
  - ii. Consumers
  - iii. Medication Safety  
See above
- 5. Service Planning and Delivery
  - i. Individual Planning  
A review of the annual IP document for the individual selected for this QA review showed that all requirements were met.
  - ii. Leisure / Recreation  
NA
  - iii. Client Rights  
See above.
  - iv. Medical / Health Care  
See above.
  - v. Emotionally Responsible Care Giving  
See above.
  - vi. Agency Consumer Satisfaction Surveys  
See above
- 6. Staffing
  - i. Screening / Hiring  
See above
  - ii. Orientation / Training  
See above
  - iii. Staffing Ratios  
NA
  - iv. Staff Surveys  
See above
- 7. Incident Management
  - i. APS  
No reports
  - ii. Incident Reporting



See above

**D. Transportation**

1. Accomplishments

Reach sends as many staff as they are allowed to the Advanced Driver Training Course in Lewistown. They have a training program in place for van drivers. Reach currently operates 14 vehicles. There is ample documentation of routine maintenance and repairs are taken care of in a very timely manner. Reach staff perform a monthly checklist with each vehicle.

2. Programmatic Deficiencies

None noted, no complaints to DDP.

3. Corrections to Deficiencies

None needed

**Conclusions**

A. Findings Closed

None

B. Findings Open / Plan of Correction

There are no findings open and no plans of correction in place.

*Brad Johnson*

*1/11/07*

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Brad Johnson, M.S.  
Quality Improvement Specialist  
Developmental Disabilities Program, DPHHS

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Date